

## **Publish or perish**

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his month, Canadian Family Physician published an article entitled "Predatory journals. Authors and readers beware" (page 92).1 The author, Dr Cathy Vakil, highlights the hazards associated with publishing articles in predatory open-access journals: these journals are little known, have low-quality standards, and are frequently not peer reviewed. She recommends that authors, especially academics, avoid them.

Of course, having an article published in a journal that nobody knows or one where anyone can write (almost) anything is absurd. What is the point of wasting time, energy, and money on submitting an article that very few people will read and medical libraries will not index? This advice is particularly pertinent to teachers and researchers who "must" publish at all costs or risk compromising their careers.

Conversely, we might also ask ourselves where and how family physicians are able to express themselves these days. Such opportunities are rare. Year after year, the total number of medical journals diminishes. Meanwhile, journals aimed at family physicians can easily be counted on our fingers. It is not surprising that a family physician's chances of being published by the most highly respected medical journals, those with enviable impact factors, are infinitesimal.

How, then, are family physicians (teachers, researchers, or clinicians) expected to express themselves regarding their experiences, findings, and studies if they do not have any means of communicating them? The situation imperils the influence—perhaps even the existence—of family medicine. All groups or entities that are unable to express themselves are destined to be forgotten and eventually face irrelevance.

There was a time, not so long ago, when family physicians held privileged positions in society. They had delivered half the neighbourhood or town into this world, saw every family member at their practices and treated the sickest patients either at home or in hospital. That era is over. Today, health care is fragmented, and family physicians have become just one more provider among so many others. Their fields of practice are

coveted by many and entire areas of practice are conceded to other professionals who practise them in their stead. Family physicians must rigorously follow administrative guidelines-managing a minimum number of patients while working wherever they are assigned otherwise their compensation is reduced, regardless of the quality of their work. They must scrupulously apply clinical guidelines—even if they have been developed by other specialists entirely out of touch with general medicine and working in silos-or face being re-assessed and retrained by their own professional organizations. They live in a society where expectations are very high, just as high as those of other specialists who are only responsible for one focused practice, and yet family physicians are expected to excel in all areas of medicine while receiving far less compensation. As such, it is not surprising that so many family physicians suffer from burnout and seek out physician support programs.<sup>2</sup>

It is, therefore, in the best interest of family medicine to achieve greater recognition and of family physicians to find means of expressing themselves; of teachers and researchers to have their work published in respected and indexed journals; of clinicians to report on their cases and professional experiences; of academics to critique the recommendations and advice of others; of thinkers to step up and blog<sup>3</sup>; of storytellers to share stories about their patients<sup>4,5</sup>; of interest groups to form communities of practice and participate in discussions online; of social media users to tweet, react, and awaken us; and of "good doctors" to speak of the physician-patient relationship that is the foundation of family medicine.

Ultimately, it is "publish or perish."

## References

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Cet article se trouve aussi en français à la page 87.